

<b>Case Number:</b>	CM14-0191002		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year-old patient sustained an injury on 6/13/13 while employed by [REDACTED]. Request(s) under consideration include retrospective topical Cycloketo-L cream, retrospective topical Amitramadol-DM 4%/20%/10% Transdermal cream, and retrospective chiropractic 2 times a week for 3 weeks. Diagnoses include Cervical disc herniation/ bilateral upper extremity pain secondary to DDD; Thoracic spine sprain/strain; and mild left carpal tunnel. The patient continues to treat for chronic ongoing pain symptoms. Report indicated cervical spine pain and radiculitis to bilateral upper extremities and hands associated with numbness/tingling and weakness; thoracic spine no change. Exam findings remain unchanged. The patient has received chiropractic treatment, home exercise program, therapy, and modified activities/rest. Medications list Motrin, Tramadol, and topical compounds. The request(s) for retrospective topical Cycloketo-L cream, retrospective topical Amitramadol-DM 4%/20%/10% Transdermal cream, and retrospective chiropractic 2 times a week for 3 weeks were non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective Cycloketo-L cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of June 2013 without documented functional improvement from treatment already rendered. The retrospective topical Cycloketo-L cream is not medically necessary and appropriate.

**Retrospective topical Amitramadol-DM 4%/20%/10% Transdermal cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The medical indication for concurrent opiate of oral and topical Tramadol is unclear. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. The retrospective topical Amitramadol-DM 4%/20%/10% transdermal cream is not medically necessary and appropriate.

**Retrospective chiropractic 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive

symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The retrospective chiropractic 2 times a week for 3 weeks is not medically necessary and appropriate.